

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# **FORM D**

## OMB APPROVAL OMB Number: 3235-0076 Expires: April 30,2008 Estimated average burden hours per response.....16.00

SEC USE ONLY						
Prefix		Serial				
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# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
2007 offering of Class A nonvoting limited liability company membership interests  Filing Under (Check box(es) that apply):	ULOE
Type of Filing: New Filing Amendment	117500 3200 1450 3200 3200
A. BASIC IDENTIFICATION DATA	
I. Enter the information requested about the issuer	
	07078832
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Rocky Mountain RV Essential Group, LLC	0.0002
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
4913 Trillium Lane, Edina, MN 55435	952-922-8497
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	<del></del>
Own and operate RV resorts	PROCESSED
D business trust	lease specify): OCT 0 5 2007
Month Year  Actual or Estimated Date of Incorporation or Organization: 111 016 Actual Estim  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	•
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supply not be filed with the SEC.	u, , ,
Filing Fee: There is no federal filing fee.	
State:  This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unles filing of a federal notice.	emption. Conversely, failure to file the ss such exemption is predictated on the

A. BASIC IDENTIFIC	CATION DATA
2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the	past five years;
Each beneficial owner having the power to vote or dispose, or direct the vertical contract the second	ote or disposition of, 10% or more of a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate	e general and managing partners of partnership issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>	
Check Box(es) that Apply: Promoter Beneficial Owner E	xecutive Officer Director General and/or Managing Partner
Full Marrie (Last name Fast (Findividual)	
Full Name (Last name first, if individual)  Essential Group, LLC	
Business or Residence Address (Number and Street, City, State, Zip Code) 4913 Trillium Lane, Edina, MN 55435	
Check Box(es) that Apply: Promoter Beneficial Owner E	xecutive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Randy Jackson Revocable Trust Amended 06/18/98	
Business or Residence Address (Number and Street, City, State, Zip Code)	
8111 Three Eagles Drive, Fort Collins, CO 80528	eee.
Check Box(es) that Apply: Promoter Beneficial Owner Z E	xecutive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Hedberg, Brian	
Business or Residence Address (Number and Street, City, State, Zip Code)	
4913 Trillium Lane, Edina, MN 55435	
Check Box(es) that Apply: Promoter Beneficial Owner 🔽 E	xecutive Officer
Full Name (Last name first, if individual) Andrzejek, Michael	
Business or Residence Address (Number and Street, City, State, Zip Code)	
4913 Trillium Lane, Edina, MN 55435	
Check Box(es) that Apply: Promoter Beneficial Owner E.	xecutive Officer
Full Name (Last name first, if individual) Jackson, Randy	
Business or Residence Address (Number and Street, City, State, Zip Code) 8111 Three Eagles Drive, Fort Collins, CO 80528	
Check Box(es) that Apply: Promoter Beneficial Owner E	xecutive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner E.	xecutive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Country of Residence Flories (Framos and Street, City, State, Esp Code)	

		2 2 2	Same of the same	Tana Sana Sana Tana Sana Sana Sana Sana	B. 11	(FORMAT)	ON ABOU	t offeri	NG			Services Es	The second second
_	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No			
1.	Answer also in Appendix, Column 2, if filing under ULOE.								***************************************		<b>x</b>		
2.										\$_100	,000.00		
	Does the offering permit joint ownership of a single unit?									Yes	No		
3.												K	
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	Full Name (Last name first, if individual)												
Bus	siness or	Residence .	Address (N	umber and	l Street, C	ty, State, Z	ip Code)						
Nai	ne of Ass	sociated Br	oker or Dea	aler				<del></del> .					
Sta			Listed Has										
	(Check	"All States	" or check	individual	States)				•••••	• • • • • • • • • • • • • • • • • • • •		☐ Al!	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KŸ NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (l	Last name t	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
Naı	me of Ass	sociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)		*******		***************************************	***************		☐ All	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (l	Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Nai	me of Ass	sociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				•		
	(Check	"All States	" or check	individual	States)	***********		*************				☐ All	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
		-	
	Debt		-
	Equity	·	<b>s</b>
	Common Preferred		
	Convertible Securities (including warrants)	<b>.</b>	\$
	Partnership Interests		
	Other (Specify Units of membership Interest		
	Total	3,750,000.00	\$_2,373,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	34	\$ <u>2,373,000.00</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ <u>0.00</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	<b>Z</b>	\$_100.00
	Legal Fees	<b>Z</b>	\$_30,000.00
	Accounting Fees	-	\$ 1,000.00
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		<b>s</b>
	Other Expenses (identify)		<u> </u>
	Total	_	\$ 31,100.00

	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS		
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."		oss	\$	
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate a If the payments listed must equal the adjusted gro	nd		
			Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees		🔲 \$	. 🗆 \$	
	Purchase of real estate		🗆 \$	\$ 3,718,900.00	
	Purchase, rental or leasing and installation of madand equipment	chinery	🗆 \$		
	Construction or leasing of plant buildings and fac				
	Acquisition of other businesses (including the val offering that may be used in exchange for the assissuer pursuant to a merger)	ets or securities of another	□ \$	<b>□\$</b>	
	Repayment of indebtedness				
	Working capital		_	_	
	Other (specify):		\$		
			_	. 🗆 \$	
	Column Totals		🗖 \$ <u></u> \$	\$_3,718,900.00	
	Total Payments Listed (column totals added)	\_ \$_3,	<u>\$_3,718,900.00</u>		
		D. FEDERAL SIGNATURE	• • •		
igi	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Comm	nission, upon writte		
SSI	ner (Print or Type)	Signature	Date		
	Rocky Mountain RV Essential Group, LLC	1156	9/4/07		
۷aı	ne of Signer (Print or Type)	Title of Signer (Point or Type)			
	Brian Hedberg	Co-Chief Manager			
		1			

-- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No 🛣

- See Appendix, Column 5, for state response.
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issucr (Print or Type)	Signature	Date
Rocky Mountain RV Essential Group, LLC		9/4/07
Name (Print or Type)	Title (Print or Type)	•
Brian Hedberg	Co-Chief Manager	

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### APPENDIX 2 3 4 5 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of offered in state investors in State amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Νo State Yes No Investors Amount Investors Amount Yes AL ΑK $\Lambda Z$ AR membership units 3 \$0.00 CA \$175,000.00 0 X X membership units CO X 8 \$604,000.0 0 \$0.00 x CT DE DC FL GA Ш ID IL IN ĬΑ membership units KS \$50,000.00 \$0.00 X KY LA ME MD \$25,000.00 0 membership units \$0.00 X × MA MI membership units \$0.00 MN X 11 \$836,000.0 × MS

### APPENDIX 2 3 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes Νo MO МΤ NE NV X membership units 6 \$383,000.00 0 \$0.00 X NH NJ NM NY NC ND ОН OK OR PA RI SC SD TN X membership units 2 \$200,000.0d 0 \$0.00 X TX UT VT VA membership units 2 \$100,000.00 \$0.00 X WA wv WI

APPENDIX										
1		2	3		4					
	Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)			under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										

